SUGGESTION FORM

Dear Mobilization Plan Reader:

If you have suggestions to change any portion of this *Mobilization Plan*, fill in all of the requested information. Attach marked-up copies of the *Mobilization Plan* to this sheet. Be sure to check the page location for each of your recommended changes. Make other suggestions or comments in the space provided. Add extra sheets as necessary. Thank you for your suggestions. Mail to:

Fire Mobilization Program
Washington State Military Department
Emergency Management Division
Building 20, MS: TA-20
Camp Murray, WA 98430-5122

Name:		Title:		
Agency:				
Address:				
			Zip Code:	
Phone:		Fax:		
Basic Plan:	Appendices:	Page #:	Paragraph:	
Suggestions or Con	nments:			